

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-034390

STATE FILE NUMBER

Registration District No.

317

Primary Registration District No.

500

Registrar's No.

2672

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1 4031

2 4031

3

4 1

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12 86-0

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>ST LOUIS</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Normandy</b>		c. CITY OR TOWN <b>Normandy, 21.</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Mother of Good Council</b>		d. STREET ADDRESS <b>842 Bermuda.</b>	
3. NAME OF DECEASED (Type or print) <b>MARY G. GERKER</b>		4. DATE OF DEATH Month <b>8</b> Day <b>22</b> Year <b>63</b>	
5. SEX <b>Female.</b>	6. COLOR OR RACE <b>White.</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>10-29-85</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None.</b>	
11a. FATHER'S NAME <b>Cornelius O'Hargan.</b>		11b. MOTHER'S MAIDEN NAME <b>Agnes Conwell.</b>	
12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <b>No.</b>		13. SOCIAL SECURITY NO. <b>None.</b>	
14. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute hepatic failure.</b>		15. INFORMANT <b>Edw. Gerker.</b> Address <b>824 Bermuda.</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic CVD &amp; G.I. Hemorrhage</b>		16. NAME OF HUSBAND OR WIFE <b>Ben H. Gerker.</b>	
DUE TO (c) <b>Aging process</b>		17. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <b>3/14/63</b> to <b>8/22/63</b> and last saw her alive on <b>8/21/63</b> . Death occurred at <b>11:00</b> P.M. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <b>J.C. Kuebrich MD</b>	
22b. ADDRESS <b>111 Church St Ferguson</b>		22c. DATE SIGNED <b>8/24/63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal.</b>	23b. DATE <b>8-26-63.</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cem.</b>	23d. LOCATION (City, town, or county) <b>St. Louis, Mo.</b>
24. FUNERAL DIRECTOR <b>Southern Funeral Home.</b>	25. DATE RECD. BY LOCAL REG. <b>8/24/63</b>	26. REGISTRAR'S SIGNATURE <b>J. B. Murphy MD.</b>	
6322 S. Grand Blvd.			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Lawrence O. Gerling*

Licensed Embalmer No. 4979

P. O. Address Berkeley Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.